

after the date of the enactment of the Trauma Systems and Regionalization of Emergency Care Reauthorization Act" after "Act of 2007"; and

(B) in subparagraph (A), by striking "and the American Academy of Pediatrics" and inserting "the American Academy of Pediatrics, and (with respect to the update pursuant to the Trauma Systems and Regionalization of Emergency Care Reauthorization Act) the American Burn Association";

(c) CONFORMING AMENDMENTS.—Part B of title XII of the Public Health Service Act is amended—

(1) in section 1218(c)(2) (42 U.S.C. 300d-18(c)(2)), in the matter preceding subparagraph (A), by striking "1232(b)(3)" and inserting "section 1232(b)"; and

(2) in section 1222 (42 U.S.C. 300d-22), by striking "October 1, 2008" and inserting "October 1, 2017".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. BURGESS).

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials into the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BURGESS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the Trauma Systems and Regionalization of Emergency Care Reauthorization Act, H.R. 648, is identical to H.R. 4080 that passed the House last year unanimously. This legislation has also passed both the subcommittee and the full committee. This support extends back to 1990 when the grant was created and authorized.

This reauthorization allows funding for trauma systems development and the regionalization of emergency care. These programs are designed to improve patient outcomes, and they are designed to save lives and cut costs, objectives where I believe there is bipartisan agreement.

Trauma systems are organized efforts in a defined geographic area that deliver the full range of care to injured patients. Many members of the subcommittee have trauma systems in their districts or ones nearby that are able to serve their constituents.

Regionalizing emergency care allows States to coordinate their resources and helps first responders act faster, leading to lower costs and better outcomes. A study released last year found that patients living near a recently closed trauma facility were 20 percent more likely to die from their injuries. Two years after closure, the likelihood of death increased to 29 percent, emphasizing the importance of these grants.

This legislation is broadly supported by medicine, sharing the list of supporting organizations that I previously

read on H.R. 647. It is bipartisan. I would stress it has gone through regular order.

I want to thank Chairman UPTON and Chairman PITTS, as well as Ranking Member PALLONE and Ranking Member GREEN, for their help and support on this legislation. I want to thank the Energy and Commerce staff on both sides of the dais: Clay Alspach, Katie Novaria, as well as Hannah Green, and a special thanks to Adrianna Simonelli, who championed both of these bills as my legislative fellow and who is now working on the committee.

Mr. GREEN and I have worked on these issues literally for years, and I appreciate his continued partnership on this bill. I want to thank his staff, Kristen O'Neill. Finally, I do want to thank J.P. Paluskiewicz, who shepherded this bill through the entire process.

Mr. Speaker, I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, I rise in support of H.R. 648, the Trauma Systems and Regionalization of Emergency Care Reauthorization Act. I am proud to be the lead sponsor of this bill, along with my colleague, Dr. BURGESS, and I want to thank him for his leadership and commitment to this issue.

The bill reauthorizes the programs that provide grants to States for planning, implementing, and developing trauma care systems and establishing pilot projects to design innovative models of emergency care systems.

Ideally, trauma and emergency care systems respond quickly and efficiently to ensure that seriously injured individuals receive the care they need within the golden hour, the time period in which medical intervention is most effective at saving lives. However, unintentional injury remains the leading cause of death for Americans ages 44 years and younger, and access to trauma centers is inconsistent throughout the country. In fact, 45 million Americans lack access to a trauma center within the first hour after injury.

Emergency departments and trauma centers are overcrowded. The emergency care system is splintered, and surgical specialists are often unavailable to patients when they need them. This legislation helps establish a system that saves lives and improves the functioning of our trauma care systems.

Again, I want to thank Representative BURGESS for championing this effort with me and his staff for their efforts. I also want to acknowledge the leadership of Chairman UPTON, Chairman PITTS, Ranking Member PALLONE, and the work of the committee's staff in advancing this bill through the Energy and Commerce Committee.

Mr. Speaker, I support this bipartisan bill. I urge my colleagues to do the same.

Mr. Speaker, I have no further speakers, and I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, let me just conclude by strongly urging all Members of the House to vote in favor of this legislation.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 648.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. GENE GREEN of Texas. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

RESIGNATION AS MEMBER OF COMMITTEE ON SMALL BUSINESS

The SPEAKER pro tempore laid before the House the following resignation as a member of the Committee on Small Business:

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, March 16, 2015.

Hon. JOHN BOEHNER,
Speaker, The Capitol,
Washington, DC.

DEAR SPEAKER BOEHNER: I write today to resign from the House Small Business Committee. While I appreciate the honor of being appointed, in order to best serve the constituent of Texas' 23rd congressional district, I believe I must focus on my existing committee assignments.

With my background in the intelligence community, cybersecurity, and representing the district with the largest length of U.S.-Mexico Border, my ability to focus on my Information Technology Subcommittee Chairmanship and Border and Maritime Subcommittee Vice-Chairmanship is where I believe I can be of most value to my constituents and colleagues in the House.

I appreciate your timely consideration of this request.

Sincerely,

WILL HURD,
Member of Congress.

The SPEAKER pro tempore. Without objection, the resignation is accepted.

There was no objection.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 4:30 p.m. today.

Accordingly (at 3 o'clock and 55 minutes p.m.), the House stood in recess.

□ 1630

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. DUNCAN of Tennessee) at 4 o'clock and 30 minutes p.m.